



COMPLAINT TO VENDOR

Vendor:		Date:	
Address:			
City:		State:	
		ZIP:	
Notes to Vendor:			
1. Please respond to this complaint within ten (10) days after receipt 2. This document will be a part of your vendor file and may be used as a basis for your firm's removal as an approved vendor.			

Agency:					
Address:					
Submitted By:		Phone:			
PO Number:		PO Date:		Fiscal Codes:	
Description of Items:					

Nature Of Complaint

Delivery		Quality		Other	
A.	<input type="checkbox"/>	Delivery not made as required	G.	<input type="checkbox"/>	Product did not meet specifications
B.	<input type="checkbox"/>	Time of delivery inappropriate	H.	<input type="checkbox"/>	Unauthorized substitute delivered by vendor
C.	<input type="checkbox"/>	Delivery made to incorrect destination	I.	<input type="checkbox"/>	Unsatisfactory workmanship
D.	<input type="checkbox"/>	Improper method of delivery used	J.	<input type="checkbox"/>	Commodity lacks required inspection stamps
E.	<input type="checkbox"/>	Unauthorized delivery	K.	<input type="checkbox"/>	Damage to state property
F.	<input type="checkbox"/>	Product delivered in other than good condition			
			L.	<input type="checkbox"/>	Invoice price did not match
			M.	<input type="checkbox"/>	Weight received not compliant with invoice
			N.	<input type="checkbox"/>	Incorrect quantity shipped/received
			O.	<input type="checkbox"/>	Other: _____

Agency/Vendor Comments:
(Be accurate, complete and factual. Indicate manner in which you suggest complaint be settled.)
State Purchasing Division Comments and/or Action: